

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-026206

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6925

STATE FILE NUMBER

FILED JUL 12 1963

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

St. Louis

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Homer G. Phillips

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY  
OR  
TOWN St. Louis

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS (If outside, give location)

5338 Cote Brillante

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Lula

Middle

Mae

Last

Morris

4. DATE  
OF  
DEATH

Month

6

Day

30

Year

63

5. SEX

Fem.

6. COLOR OR RACE

Negro

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

8. DATE OF BIRTH

Mar 30, 1893

9. AGE (last birthday)

70

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

Shannon, Mississippi

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Walker Morris

13b. MOTHER'S MAIDEN NAME

Melisse Ellis

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

17. INFORMANT

Address

Murel Morris 4588 Aldine

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary Infarction; Emboli

INTERVAL BETWEEN  
ONSET AND DEATH

Undet.

DUE TO (b)

Arteriosclerosis

DUE TO (c)

Hypertension

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☒ No☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

6-24-63

to

6-30-63

and last saw ~~her~~ ~~him~~ alive on 6-30-63

Death occurred at

4:00

P.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

2601 N. Whittier

22c. DATE SIGNED

7-2-63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE

June 5, 1963

23c. NAME OF CEMETERY OR CREMATORY

Greenwood Cemetery

23d. LOCATION (City, town, or county)

St. Louis County

(State)

Mo

24. FUNERAL DIRECTOR

ADDRESS

1221 N. Grand Blvd.

25. DATE RECD. BY LOCAL REG.

JUL 2 1963

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

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DO NOT WRITE  
ON THIS STUB

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Terence J. Adams

Licensed Embalmer No. 41755

P. O. Address 122/Grand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting:

If this body is not embalmed, fact should be so stated above.